



General Assembly

January Session, 2005

Bill No. 1052

LCO No. 3481

03481_____

Referred to Committee on Judiciary

Introduced by:

SEN. DELUCA, 32nd Dist.

REP. WARD, 86th Dist.

AN ACT CONCERNING MEDICAL MALPRACTICE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 52-190a of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage and*
3 *applicable to actions filed on or after said date*):

4 (a) No civil action shall be filed to recover damages resulting from
5 personal injury or wrongful death occurring on or after October 1,
6 1987, whether in tort or in contract, in which it is alleged that such
7 injury or death resulted from the negligence of a health care provider,
8 unless the attorney or party filing the action has [made a reasonable
9 inquiry as permitted by the circumstances to determine] obtained a
10 written opinion in accordance with subsection (b) of this section that
11 there are grounds for a good faith belief that there has been negligence
12 in the care or treatment of the claimant and that the claimant has been
13 injured by such negligence. The written opinion shall be included with
14 the complaint or initial pleading [shall contain a certificate of the
15 attorney or party filing the action that such reasonable inquiry gave

16 rise to a good faith belief that grounds exist for an action against each
 17 named defendant. For the purposes of this section, such good faith
 18 may be shown to exist if the claimant or his attorney has received a
 19 written opinion, which shall not be subject to discovery by any party
 20 except for questioning the validity of the certificate, of a similar health
 21 care provider, as defined in section 52-184c, which similar health care
 22 provider shall be selected pursuant to the provisions of said section,
 23 that there appears to be evidence of medical negligence. In addition to
 24 such written opinion, the court may consider other factors with regard
 25 to the existence of good faith. If the court determines, after the
 26 completion of discovery, that such certificate was not made in good
 27 faith and that no justiciable issue was presented against a health care
 28 provider that fully cooperated in providing informal discovery, the
 29 court upon motion or upon its own initiative shall impose upon the
 30 person who signed such certificate or a represented party, or both, an
 31 appropriate sanction which may include an order to pay to the other
 32 party or parties the amount of the reasonable expenses incurred
 33 because of the filing of the pleading, motion or other paper, including
 34 a reasonable attorney's fee. The court may also submit the matter to the
 35 appropriate authority for disciplinary review of the attorney if the
 36 claimant's attorney submitted the certificate] or the action shall be
 37 subject to immediate dismissal pursuant to subsection (d) of this
 38 section.

39 (b) The written opinion required by subsection (a) of this section
 40 shall be obtained from and signed by a similar health care provider as
 41 defined in section 52-184c who practices in the same specialty as the
 42 health care provider alleged to be negligent and is licensed in this
 43 state.

44 ~~[(b)]~~ (c) Upon petition to the clerk of the court where the action will
 45 be filed, an automatic ninety-day extension of the statute of limitations
 46 shall be granted to allow the [reasonable inquiry] attorney or party
 47 filing the action to obtain the written opinion required by subsection
 48 (a) of this section. [This period] Said ninety-day extension shall be in

49 addition to other tolling periods.

50 (d) Failure to obtain and file the written opinion required by
51 subsection (a) of this section shall be grounds for immediate dismissal
52 of the action to recover damages that alleges that injury or death
53 resulted from the negligence of a health care provider.

54 Sec. 2. (NEW) (*Effective from passage and applicable to actions filed on or*
55 *after said date*) (a) For the purposes of this section:

56 (1) "Licensed health care provider" means any health care institution
57 licensed pursuant to the provisions of chapter 368v of the general
58 statutes or any individual provider of health care licensed pursuant to
59 the provisions of chapters 370 to 373, inclusive, 375 to 383c, inclusive,
60 or chapter 400j of the general statutes;

61 (2) "Health care services" means acts of diagnosis, treatment,
62 medical evaluation or advice or such other acts as may be permissible
63 under the health care licensing statutes of this state;

64 (3) "Collateral sources" means "collateral sources", as defined in
65 section 52-225b of the general statutes.

66 (b) In any action to recover damages resulting from personal injury
67 or wrongful death, whether in tort or contract, in which it is alleged
68 that such injury or death resulted from the professional negligence of a
69 licensed health care provider in the provision of health care services,
70 any party may introduce evidence of collateral source benefits. If a
71 party elects to introduce such evidence, any opposing party may
72 introduce evidence of any amount paid or contributed in the future by
73 or on behalf of such opposing party to secure the right to such
74 collateral source benefits. This section shall apply to any such action
75 that is settled or that is resolved by a trier of fact.

76 Sec. 3. Subsection (a) of section 52-225d of the general statutes is
77 repealed and the following is substituted in lieu thereof (*Effective from*
78 *passage*):

79 (a) In any civil action wherein the claimant seeks to recover
80 damages resulting from personal injury, wrongful death or damage to
81 property [occurring on or after October 1, 1987] filed on or after the
82 effective date of this section, and wherein liability is admitted or
83 determined by the trier of fact, the court shall proceed to enter
84 judgment as follows: (1) The trier of fact shall make separate findings
85 for each claimant specifying the amount of any economic damages and
86 noneconomic damages, as defined in subsection (a) of section 52-572h.
87 (2) The court shall take into account any applicable findings made by
88 the court or jury and shall specify for each claimant the amount of
89 recoverable economic damages and recoverable noneconomic
90 damages, as defined in subsection (a) of section 52-572h. (3) The court
91 shall enter judgment in a lump sum for all such recoverable economic
92 damages and recoverable noneconomic damages up to an aggregate of
93 two hundred thousand dollars. If the amount of such damages
94 remaining is in excess of two hundred thousand dollars, except as
95 provided in subsection (i) of this section, the court shall provide the
96 parties sixty days to negotiate and consent to an agreement to be
97 incorporated into an amended judgment to provide for the payment of
98 all such damages remaining in excess of two hundred thousand dollars
99 in a lump sum or in periodic installment payments or in any
100 combination thereof without regard to the provisions of this section.

101 Sec. 4. Section 52-225d of the general statutes is amended by adding
102 subsection (i) as follows (*Effective from passage*):

103 (NEW) (i) (1) For the purposes of this subsection:

104 (A) "Health care provider" means any health care institution
105 licensed pursuant to chapter 368v or any individual provider of health
106 care licensed pursuant to the provisions of chapters 370 to 373,
107 inclusive, 375 to 383c, inclusive, or chapter 400j;

108 (B) "Health care services" means acts of diagnosis, treatment,
109 medical evaluation or advice or such other acts as may be permissible
110 under the health care licensing statutes of this state;

111 (C) "Damages" means recoverable economic or noneconomic
112 damages, as defined in section 52-572h; and

113 (D) "Periodic payments" means the payment of money or its
114 equivalent to the recipient at defined and regular intervals.

115 (2) In any action to recover damages resulting from personal injury
116 or wrongful death filed on or after the effective date of this section,
117 whether in tort or contract, arising out of the provision of or the failure
118 to provide health care services in which the liability of a health care
119 provider has been admitted or determined by the trier of fact, the court
120 in which the action is brought shall enter a judgment ordering that
121 damages awarded be paid by periodic payments rather than by lump
122 sum payments if the award equals or exceeds two hundred thousand
123 dollars. In entering a judgment ordering the payment of damages as
124 periodic payments, the court shall make a specific finding as to the
125 dollar amount of periodic payments which will compensate the
126 judgment creditor for such damages. Such order shall comply with all
127 other relevant provisions of this section. Payment of attorneys fees
128 shall be in accordance with subsection (c) of this section.

129 Sec. 5. Section 52-192a of the general statutes is repealed and the
130 following is substituted in lieu thereof (*Effective from passage and*
131 *applicable to actions filed on or after said date*):

132 (a) After commencement of any civil action based upon contract or
133 seeking the recovery of money damages, whether or not other relief is
134 sought, the plaintiff may, not later than thirty days before trial but not
135 earlier than the close of discovery, file with the clerk of the court a
136 written "offer of judgment" signed by the plaintiff or the plaintiff's
137 attorney, directed to the defendant or the defendant's attorney,
138 offering to settle the claim underlying the action and to stipulate to a
139 judgment for a sum certain. The plaintiff shall give notice of the offer
140 of settlement to the defendant's attorney or, if the defendant is not
141 represented by an attorney, to the defendant himself or herself. Within
142 sixty days after being notified of the filing of the "offer of judgment"

143 and prior to the rendering of a verdict by the jury or an award by the
144 court, the defendant or the defendant's attorney may file with the clerk
145 of the court a written "acceptance of offer of judgment" agreeing to a
146 stipulation for judgment as contained in plaintiff's "offer of judgment".
147 Upon such filing, the plaintiff shall file a withdrawal of the action with
148 the clerk and the clerk shall [enter judgment immediately] record the
149 withdrawal on the stipulation of the parties accordingly. If the "offer of
150 judgment" is not accepted within sixty days and prior to the rendering
151 of a verdict by the jury or an award by the court, the "offer of
152 judgment" shall be considered rejected and not subject to acceptance
153 unless refiled. Any such "offer of judgment" and any "acceptance of
154 offer of judgment" shall be included by the clerk in the record of the
155 case.

156 (b) In the case of any action to recover damages resulting from
157 personal injury or wrongful death, whether in tort or in contract, in
158 which it is alleged that such injury or death resulted from the
159 negligence of a health care provider, an "offer of judgment" pursuant
160 to subsection (a) of this section shall state with specificity all damages
161 then known to the plaintiff or the plaintiff's attorney upon which the
162 action is based. Sixty days prior to filing such an offer, the plaintiff or
163 the plaintiff's attorney shall provide the defendant or the defendant's
164 attorney with an authorization to disclose medical records that meets
165 the privacy provisions of the Health Insurance Portability and
166 Accountability Act of 1996 (P.L. 104-191) (HIPAA), as amended from
167 time to time, or regulations adopted thereunder, and disclose any and
168 all expert witnesses who will testify as to the prevailing professional
169 standard of care. The plaintiff shall file with the court a certification
170 that the plaintiff has provided each defendant or such defendant's
171 attorney with all documentation supporting such damages. If at any
172 time prior to the final disposition of the claim the plaintiff discloses,
173 introduces or attempts to rely upon damages in an amount that
174 exceeds the amount described in the offer of judgment, the offer of
175 judgment shall automatically become invalid and the plaintiff shall not
176 be entitled to an award of interest or attorney's fees in any amount

177 pursuant to subsection (c) of this section.

178 [(b)] (c) After trial the court shall examine the record to determine
 179 whether the plaintiff made an "offer of judgment" which the defendant
 180 failed to accept. If the court ascertains from the record that the plaintiff
 181 has recovered an amount equal to or greater than the sum certain
 182 stated in the plaintiff's "offer of judgment", the court shall add to the
 183 amount so recovered [twelve per cent] annual interest on said amount
 184 at a rate equal to the prevailing prime interest rate as listed in the first
 185 federal reserve bulletin published for the applicable calendar year. [,
 186 computed from the date such offer was filed in actions commenced
 187 before October 1, 1981. In those actions commenced on or after October
 188 1, 1981, the] The interest shall be computed from the date the
 189 complaint in the civil action was filed with the court if the "offer of
 190 judgment" was filed not later than eighteen months from the filing of
 191 such complaint. If such offer was filed later than eighteen months from
 192 the date of filing of the complaint, the interest shall be computed from
 193 the date the "offer of judgment" was filed. The court may award
 194 reasonable attorney's fees in an amount not to exceed three hundred
 195 fifty dollars, and shall render judgment accordingly. This section shall
 196 not be interpreted to abrogate the contractual rights of any party
 197 concerning the recovery of attorney's fees in accordance with the
 198 provisions of any written contract between the parties to the action.

199 Sec. 6. Section 52-193 of the general statutes is repealed and the
 200 following is substituted in lieu thereof (*Effective from passage and*
 201 *applicable to actions filed on or after said date*):

202 In any action on contract, or seeking the recovery of money
 203 damages, whether or not other relief is sought, the defendant may, not
 204 later than thirty days before trial but not earlier than the close of
 205 discovery, file with the clerk of the court a written notice signed by the
 206 defendant or the defendant's attorney, directed to the plaintiff or the
 207 plaintiff's attorney, offering to allow the plaintiff to take judgment for
 208 the sum named in such notice.

209 Sec. 7. Section 52-194 of the general statutes is repealed and the
210 following is substituted in lieu thereof (*Effective from passage and*
211 *applicable to actions filed on or after said date*):

212 In any action, the plaintiff may, within ten days after being notified
213 by the defendant of the filing of an offer of judgment, file with the
214 clerk of the court a written acceptance of the offer signed by [himself or
215 his] the plaintiff or the plaintiff's attorney. Upon the filing of the
216 written acceptance, the court shall [render judgment against the
217 defendant as upon default for the sum so named and for the costs
218 accrued at the time of the defendant's giving the plaintiff notice of the
219 offer] record the withdrawal of the action against the defendant. No
220 trial may be postponed because the period within which the plaintiff
221 may accept the offer has not expired, except at the discretion of the
222 court.

223 Sec. 8. Section 38a-676 of the general statutes is repealed and the
224 following is substituted in lieu thereof (*Effective from passage*):

225 (a) With respect to rates pertaining to commercial risk insurance,
226 and subject to the provisions of subsection (b) of this section with
227 respect to professional liability insurance described in subsection (b) of
228 this section and workers' compensation and employers' liability
229 insurance, on or before the effective date [thereof, every] of such rates,
230 each admitted insurer shall submit to the Insurance Commissioner for
231 the commissioner's information, except as to inland marine risks which
232 by general custom of the business are not written according to manual
233 rates or rating plans, [every] each manual of classifications, rules and
234 rates, and [every] each minimum, class rate, rating plan, rating
235 schedule and rating system and any modification of the foregoing
236 which it uses. Such submission by a licensed rating organization of
237 which an insurer is a member or subscriber shall be sufficient
238 compliance with this section for any insurer maintaining membership
239 or subscribership in such organization, to the extent that the insurer
240 uses the manuals, minimums, class rates, rating plans, rating

241 schedules, rating systems, policy or bond forms of such organization.
242 The information shall be open to public inspection after its submission.

243 (b) (1) Each filing as described in subsection (a) of this section for
244 workers' compensation or employers' liability insurance shall be on file
245 with the Insurance Commissioner for a waiting period of thirty days
246 before it becomes effective, which period may be extended by the
247 commissioner for an additional period not to exceed thirty days if the
248 commissioner gives written notice within such waiting period to the
249 insurer or rating organization which made the filing that the
250 commissioner needs such additional time for the consideration of such
251 filing. Upon written application by such insurer or rating organization,
252 the commissioner may authorize a filing which the commissioner has
253 reviewed to become effective before the expiration of the waiting
254 period or any extension thereof. A filing shall be deemed to meet the
255 requirements of sections 38a-663 to 38a-696, inclusive, unless
256 disapproved by the commissioner within the waiting period or any
257 extension thereof. If, within the waiting period or any extension
258 thereof, the commissioner finds that a filing does not meet the
259 requirements of said sections, the commissioner shall send to the
260 insurer or rating organization which made such filing written notice of
261 disapproval of such filing, specifying therein in what respects the
262 commissioner finds such filing fails to meet the requirements of said
263 sections and stating that such filing shall not become effective. Such
264 finding of the commissioner shall be subject to review as provided in
265 section 38a-19.

266 (2) (A) Each filing as described in subsection (a) of this section for
267 professional liability insurance for physicians and surgeons, hospitals,
268 advanced practice registered nurses or physician assistants shall be
269 subject to prior rate approval in accordance with this section. On and
270 after the effective date of this section, each insurer or rating
271 organization seeking to increase its rates in excess of ten per cent from
272 the date of the insurer's or rating organization's previous filing period
273 for such insurance shall (i) file a request for such change with the

274 Insurance Commissioner, and (ii) send written notice of any request
275 for an increase in rates to insureds who would be subject to the
276 increase. Such request shall be filed and such notice, if applicable, shall
277 be sent at least sixty days prior to the proposed effective date of the
278 increase. The notice to insureds of a request for an increase in rates
279 shall indicate that the insured may request a public hearing by
280 submitting a written request to the Insurance Commissioner not later
281 than fifteen days after the date of the notice. Any request for an
282 increase in rates under this subdivision shall be filed after notice is sent
283 to insureds and shall indicate the date such notice was sent.

284 (B) The Insurance Commissioner shall review the filing and, with
285 respect to a request for an increase in rates, shall (i) not approve,
286 modify or deny the request until at least fifteen days after the date of
287 notice as indicated in the filing, and (ii) hold a public hearing, if
288 requested, on such increase prior to approving, modifying or denying
289 the request. The Insurance Commissioner shall approve, modify or
290 deny the filing not later than forty-five days after its receipt. Such
291 finding of the commissioner shall be subject to review as provided in
292 section 38a-19.

293 (c) The form of any insurance policy or contract the rates for which
294 are subject to the provisions of sections 38a-663 to 38a-696, inclusive,
295 other than fidelity, surety or guaranty bonds, and the form of any
296 endorsement modifying such insurance policy or contract, shall be
297 filed with the Insurance Commissioner prior to its issuance. The
298 commissioner shall adopt regulations, in accordance with the
299 provisions of chapter 54, establishing a procedure for review of such
300 policy or contract. If at any time the commissioner finds that any such
301 policy, contract or endorsement is not in accordance with such
302 provisions or any other provision of law, the commissioner shall issue
303 an order disapproving the issuance of such form and stating the
304 reasons for disapproval. The provisions of section 38a-19 shall apply to
305 any such order issued by the commissioner.

306 Sec. 9. Section 20-13b of the general statutes is repealed and the
307 following is substituted in lieu thereof (*Effective from passage*):

308 The Commissioner of Public Health, with advice and assistance
309 from the board, [may establish such regulations in accordance with
310 chapter 54] shall establish guidelines as may be necessary to carry out
311 the provisions of sections 20-13a to 20-13i, inclusive, as amended by
312 this act. Not later than October 1, 2005, such guidelines shall include,
313 but need not be limited to: (1) Guidelines for screening complaints
314 received to determine which complaints will be investigated; (2)
315 guidelines to provide a basis for prioritizing the order in which
316 complaints will be investigated; (3) a system for conducting
317 investigations to ensure prompt action when it appears necessary; (4)
318 guidelines to determine when an investigation should be broadened
319 beyond the scope of the initial complaint to include sampling patient
320 records to identify patterns of care, reviewing office practices and
321 procedures, reviewing performance and discharge data from hospitals
322 and managed care organizations and conducting additional interviews
323 of patients; and (5) guidelines to protect and ensure the confidentiality
324 of patient and provider identifiable information when an investigation
325 is broadened beyond the scope of the initial complaint.

326 Sec. 10. (NEW) (*Effective from passage*) Not later than October 1, 2005,
327 the Connecticut Medical Examining Board, with the assistance of the
328 Department of Public Health, shall adopt guidelines for use in the
329 disciplinary process. Such guidelines shall include, but need not be
330 limited to: (1) Identification of each type of violation; (2) a range of
331 penalties for each type of violation; (3) additional optional conditions
332 that may be imposed by the board for each violation; (4) identification
333 of factors the board shall consider in determining what penalty should
334 apply; (5) conditions, such as mitigating factors or other facts, that may
335 be considered in allowing deviations from the guidelines; and (6) a
336 provision that when a deviation from the guidelines occurs, the reason
337 for the deviation shall be identified.

338 Sec. 11. (NEW) (*Effective from passage*) (a) Each health care facility
339 shall develop protocols for accurate identification procedures that shall
340 be used by hospitals and outpatient surgical facilities prior to surgery.
341 Such protocols shall include, but need not be limited to, (1) procedures
342 to be followed to identify the (A) patient, (B) surgical procedure to be
343 performed, and (C) body part on which the surgical procedure is to be
344 performed, and (2) alternative identification procedures in urgent or
345 emergency circumstances or where the patient is nonspeaking,
346 comatose or incompetent or is a child. After October 1, 2005, no
347 hospital or outpatient surgical facility may anesthetize a patient or
348 perform surgery unless the protocols have been followed. Each health
349 care facility shall make a copy of the protocols available to the
350 Commissioner of Public Health upon request.

351 (b) Not later than October 1, 2005, the Department of Public Health
352 shall report, in accordance with section 11-4a of the general statutes, to
353 the joint standing committee of the General Assembly having
354 cognizance of matters relating to public health describing the protocols
355 developed pursuant to subsection (a) of this section.

356 Sec. 12. (NEW) (*Effective from passage*) (a) As used in this section,
357 "noneconomic damages" has the meaning set forth in section 52-572h
358 of the general statutes.

359 (b) Not later than July 1, 2008, the Insurance Commissioner shall
360 examine professional liability insurance rates in this state for
361 physicians and surgeons, hospitals, advanced practice registered
362 nurses and physician assistants to determine whether such rates have
363 decreased in excess of fifteen per cent from October 1, 2005. If the
364 commissioner determines that such rates have not decreased in excess
365 of fifteen per cent, the commissioner shall convene a working group to
366 determine the appropriate revisions to section 52-572h of the general
367 statutes to establish caps on noneconomic damages awards.

368 Sec. 13. Section 38a-8 of the general statutes is amended by adding
369 subsection (g) as follows (*Effective from passage*):

(NEW) (g) Not later than October 1, 2005, the Insurance Commissioner shall develop a plan to maintain a viable professional liability insurance industry in this state for physicians and surgeons, hospitals, advanced practice registered nurses and physician assistants. Such plan shall be submitted to the Governor upon its completion.

Sec. 14. Section 19a-88b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2005*):

(a) (1) Notwithstanding section 19a-14 or any other provisions of the general statutes relating to continuing education or refresher training, the Department of Public Health shall renew a license, certificate, permit or registration issued to an individual pursuant to chapters 368d, 368v, [370] 371 to 388, inclusive, 393a, 395, 398, 399, 400a and 400c [which] that becomes void pursuant to section 19a-88 or 19a-195b while the holder [thereof] of the license, certificate, permit or registration is on active duty in the armed forces of the United States, [within] not later than six months from the date of discharge from active duty, upon completion of any continuing education or refresher training required to renew a license, certificate, registration or permit [which] that has not become void pursuant to section 19a-88 or 19a-195b. A licensee applying for license renewal pursuant to this section shall submit an application on a form prescribed by the department and other such documentation as may be required by the department.

(2) Notwithstanding section 19a-14 or any other provisions of the general statutes relating to continuing education, the Department of Public Health shall renew a license issued to an individual pursuant to chapter 370 that becomes void pursuant to section 19a-88 while the holder of the license is on active duty in the armed forces of the United States, not later than one year from the date of discharge from active duty, upon completion of twenty-five contact hours of continuing education that meet the criteria set forth in subsection (b) of section 18 of this act. A licensee applying for license renewal pursuant to this

402 subdivision shall submit an application on a form prescribed by the
403 department and other such documentation as may be required by the
404 department.

405 (b) The provisions of this section [shall] do not apply to reservists or
406 National Guard members on active duty for annual training that is a
407 regularly scheduled obligation for reservists or members of the
408 National Guard for training [which] that is not a part of mobilization.

409 (c) No license shall be issued under this section to any applicant
410 against whom professional disciplinary action is pending or who is the
411 subject of an unresolved complaint.

412 Sec. 15. Section 20-13c of the general statutes is repealed and the
413 following is substituted in lieu thereof (*Effective October 1, 2005*):

414 The board is authorized to restrict, suspend or revoke the license or
415 limit the right to practice of a physician or take any other action in
416 accordance with section 19a-17, for any of the following reasons: (1)
417 Physical illness or loss of motor skill, including, but not limited to,
418 deterioration through the aging process; (2) emotional disorder or
419 mental illness; (3) abuse or excessive use of drugs, including alcohol,
420 narcotics or chemicals; (4) illegal, incompetent or negligent conduct in
421 the practice of medicine; (5) possession, use, prescription for use, or
422 distribution of controlled substances or legend drugs, except for
423 therapeutic or other medically proper purposes; (6) misrepresentation
424 or concealment of a material fact in the obtaining or reinstatement of a
425 license to practice medicine; (7) failure to adequately supervise a
426 physician assistant; (8) failure to fulfill any obligation resulting from
427 participation in the National Health Service Corps; (9) failure to
428 maintain professional liability insurance or other indemnity against
429 liability for professional malpractice as provided in subsection (a) of
430 section 20-11b; (10) failure to provide information requested by the
431 department for purposes of completing a health care provider profile,
432 as required by section 20-13j, as amended by this act; (11) engaging in
433 any activity for which accreditation is required under section 19a-690

434 or 19a-691 without the appropriate accreditation required by section
435 19a-690 or 19a-691; (12) failure to provide evidence of accreditation
436 required under section 19a-690 or 19a-691 as requested by the
437 department pursuant to section 19a-690 or 19a-691; (13) failure to
438 comply with the continuing medical education requirements set forth
439 in section 18 of this act; or [(13)] (14) violation of any provision of this
440 chapter or any regulation established hereunder. In each case, the
441 board shall consider whether the physician poses a threat, in the
442 practice of medicine, to the health and safety of any person. If the
443 board finds that the physician poses such a threat, the board shall
444 include such finding in its final decision and act to suspend or revoke
445 the license of said physician.

446 Sec. 16. Subsection (b) of section 20-13j of the general statutes is
447 repealed and the following is substituted in lieu thereof (*Effective*
448 *October 1, 2005*):

449 (b) The department, after consultation with the Connecticut Medical
450 Examining Board and the Connecticut State Medical Society shall
451 collect the following information to create an individual profile on
452 each physician for dissemination to the public:

453 (1) The name of the medical school attended by the physician and
454 the date of graduation;

455 (2) The site, training, discipline and inclusive dates of the
456 physician's postgraduate medical education required pursuant to the
457 applicable licensure section of the general statutes;

458 (3) The area of the physician's practice specialty;

459 (4) The address of the physician's primary practice location or
460 primary practice locations, if more than one;

461 (5) A list of languages, other than English, spoken at the physician's
462 primary practice locations;

463 (6) An indication of any disciplinary action taken against the
464 physician by the department, [or by] the state board or any
465 professional licensing or disciplinary body in another jurisdiction;

466 (7) Any current certifications issued to the physician by a specialty
467 board of the American Board of Medical Specialties;

468 (8) The hospitals and nursing homes at which the physician has
469 admitting privileges;

470 (9) Any appointments of the physician to Connecticut medical
471 school faculties and an indication as to whether the physician has
472 current responsibility for graduate medical education;

473 (10) A listing of the physician's publications in peer reviewed
474 literature;

475 (11) A listing of the physician's professional services, activities and
476 awards;

477 (12) Any hospital disciplinary actions against the physician that
478 resulted, within the past ten years, in the termination or revocation of
479 the physician's hospital privileges for a medical disciplinary cause or
480 reason, or the resignation from, or nonrenewal of, medical staff
481 membership or the restriction of privileges at a hospital taken in lieu of
482 or in settlement of a pending disciplinary case related to medical
483 competence in such hospital;

484 (13) A description of any criminal conviction of the physician for a
485 felony within the last ten years. For the purposes of this subdivision, a
486 physician shall be deemed to be convicted of a felony if the physician
487 pleaded guilty or was found or adjudged guilty by a court of
488 competent jurisdiction or has been convicted of a felony by the entry of
489 a plea of nolo contendere; [and]

490 (14) To the extent available, and consistent with the provisions of
491 subsection (c) of this section, all medical malpractice court judgments

492 and all medical malpractice arbitration awards against the physician in
493 which a payment was awarded to a complaining party during the last
494 ten years, and all settlements of medical malpractice claims against the
495 physician in which a payment was made to a complaining party
496 within the last ten years;

497 (15) An indication as to whether the physician has current
498 responsibility for providing direct patient care services; and

499 (16) The name of the physician's professional liability insurance
500 carrier and the policy number.

501 Sec. 17. Subsection (k) of section 20-13j of the general statutes is
502 repealed and the following is substituted in lieu thereof (*Effective*
503 *October 1, 2005*):

504 (k) A physician shall notify the department of any changes to the
505 information required in [subdivisions (3), (4), (5), (7), (8) and (13) of]
506 subsection (b) of this section, as amended by this act, not later than
507 sixty days after such change.

508 Sec. 18. (NEW) (*Effective October 1, 2005*) (a) As used in this section:

509 (1) "Active professional practice" includes, but is not limited to,
510 activities of a currently licensed physician who functions as the
511 medical director of a managed care organization or other organization;

512 (2) "Commissioner" means the Commissioner of Public Health;

513 (3) "Contact hour" means a minimum of fifty minutes of continuing
514 education activity;

515 (4) "Department" means the Department of Public Health;

516 (5) "Licensee" means any person who receives a license from the
517 department pursuant to section 20-13 of the general statutes; and

518 (6) "Registration period" means the one-year period for which a

519 license has been renewed in accordance with section 19a-88 of the
520 general statutes and is current and valid.

521 (b) Except as otherwise provided in subsections (d), (e) and (f) of
522 this section, for registration periods beginning on and after October 1,
523 2007, the department shall not renew a license for any licensee
524 applying for license renewal pursuant to section 19a-88 of the general
525 statutes, unless the licensee has earned a minimum of fifty contact
526 hours of continuing medical education within the preceding twenty-
527 four-month period. Such continuing medical education shall (1) be in
528 an area of the physician's practice specialty; (2) reflect the professional
529 needs of the licensee in order to meet the health care needs of the
530 public; and (3) include at least one contact hour of training or
531 education in infectious diseases, including, but not limited to, acquired
532 immune deficiency syndrome and human immunodeficiency virus,
533 and risk management, sexual assault and domestic violence. For
534 purposes of this section, qualifying continuing medical education
535 activities include, but are not limited to, courses offered or approved
536 by the American Medical Association, American Osteopathic Medical
537 Association, Connecticut Hospital Association or the Connecticut State
538 Medical Society, county medical societies or equivalent organizations
539 in another jurisdiction, educational offerings sponsored by a hospital
540 or other health care institution or courses offered by a regionally
541 accredited academic institution.

542 (c) Each licensee applying for license renewal pursuant to section
543 19a-88 of the general statutes shall sign a statement attesting that the
544 licensee has satisfied the continuing education requirements of
545 subsection (a) of this section on a form prescribed by the department.
546 Each licensee shall retain records of attendance or certificates of
547 completion that demonstrate compliance with the continuing
548 education requirements of said subsection (a) for a minimum of three
549 years following the year in which the continuing education activities
550 were completed and shall submit such records to the department for
551 inspection not later than forty-five days after a request by the

552 department for such records.

553 (d) A licensee applying for the first time for license renewal
554 pursuant to section 19a-88 of the general statutes is exempt from the
555 continuing medical education requirements of this section.

556 (e) (1) A licensee who is not engaged in active professional practice
557 in any form during a registration period shall be exempt from the
558 continuing medical education requirements of this section, provided
559 the licensee submits to the department, prior to the expiration of the
560 registration period, a notarized application for exemption on a form
561 prescribed by the department and such other documentation as may
562 be required by the department. The application for exemption
563 pursuant to this subdivision shall contain a statement that the licensee
564 may not engage in professional practice until the licensee has met the
565 requirements set forth in subdivision (2) or (3) of this subsection, as
566 appropriate.

567 (2) Any licensee who is exempt from the provisions of subsection (b)
568 of this section for less than two years shall be required to complete
569 twenty-five contact hours of continuing medical education that meets
570 the criteria set forth in said subsection (b) within the twelve-month
571 period immediately preceding the licensee's return to active
572 professional practice.

573 (3) Any licensee who is exempt from the requirements of subsection
574 (b) of this section for two or more years shall be required to
575 successfully complete the Special Purpose Examination of the
576 Federation of State Medical Boards prior to returning to active
577 professional practice.

578 (f) In individual cases involving medical disability or illness, the
579 commissioner may, in the commissioner's discretion, grant a waiver of
580 the continuing education requirements or an extension of time within
581 which to fulfill the continuing education requirements of this section to
582 any licensee, provided the licensee submits to the department an

583 application for waiver or extension of time on a form prescribed by the
 584 department, along with a certification by a licensed physician of the
 585 disability or illness and such other documentation as may be required
 586 by the commissioner. The commissioner may grant a waiver or
 587 extension for a period not to exceed one registration period, except that
 588 the commissioner may grant additional waivers or extensions if the
 589 medical disability or illness upon which a waiver or extension is
 590 granted continues beyond the period of the waiver or extension and
 591 the licensee applies for an additional waiver or extension.

592 (g) The department shall renew a license issued to any licensee that
 593 becomes void pursuant to section 19a-88 of the general statutes,
 594 provided the licensee (1) applies to the commissioner for
 595 reinstatement, and (2) submits evidence documenting successful
 596 completion of twenty-five contact hours of continuing education
 597 within the one-year period immediately preceding application for
 598 reinstatement.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage and applicable to actions filed on or after said date</i>	52-190a
Sec. 2	<i>from passage and applicable to actions filed on or after said date</i>	New section
Sec. 3	<i>from passage</i>	52-225d(a)
Sec. 4	<i>from passage</i>	52-225d
Sec. 5	<i>from passage and applicable to actions filed on or after said date</i>	52-192a
Sec. 6	<i>from passage and applicable to actions filed on or after said date</i>	52-193
Sec. 7	<i>from passage and applicable to actions filed on or after said date</i>	52-194

Sec. 8	<i>from passage</i>	38a-676
Sec. 9	<i>from passage</i>	20-13b
Sec. 10	<i>from passage</i>	New section
Sec. 11	<i>from passage</i>	New section
Sec. 12	<i>from passage</i>	New section
Sec. 13	<i>from passage</i>	38a-8
Sec. 14	<i>October 1, 2005</i>	19a-88b
Sec. 15	<i>October 1, 2005</i>	20-13c
Sec. 16	<i>October 1, 2005</i>	20-13j(b)
Sec. 17	<i>October 1, 2005</i>	20-13j(k)
Sec. 18	<i>October 1, 2005</i>	New section

Statement of Purpose:

To implement the Governor's budget recommendations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]